



**State of Delaware  
Executive Department  
Office of Management & Budget**

July, 25, 2008

Dear State of Delaware Health Plan Member:

Employees and pensioners may cover their dependent child/ren on their health care plan, if the child is unmarried and under the age of 21 or up to age 24 if a full-time student, by selecting coverage at the employee and child/ren or family level. In some cases the employee's or pensioner's spouse may also cover the child/ren on health care coverage as provided by his/her employer. In these cases, the parent whose birthday falls first in the calendar year provides "primary" coverage for claims incurred by the child/ren and the other parent's health care plan provides "secondary" coverage. When the child/ren receive services the "primary" provider will process the claim for payment and the parent may submit a request to the "secondary" provider for payment or reimbursement of the outstanding balance. This is referred to as Coordination of Benefits and is practiced by the State of Delaware to ensure proper financial responsibility.

Records indicate that you currently cover your child/ren under the State's group health care plan administered by Blue Cross Blue Shield Delaware (BCBSD). Accordingly, this is to request that you submit the enclosed form indicating your child/ren's coverage and return to the address provided on the form by August 30, 2008. A postage paid envelope is enclosed for your convenience. Failure to provide this information may result in medical claim denial and inability to have prescriptions filled.

If all children have the same coverage, then only one form needs to be completed, with each child's name listed on the form. If each child has different coverage, a separate form must be completed for each child. This enclosed form may be copied and is available online at: [http://ben.omb.delaware.gov/medical/bcbs/documents/bcbs\\_dep\\_child\\_coordination.pdf](http://ben.omb.delaware.gov/medical/bcbs/documents/bcbs_dep_child_coordination.pdf). The completed form must be returned to the address provided on the form.

Should you have concerns, please contact the Statewide Benefits Office at 1-800-489-8933 or 302-739-8331.

Sincerely yours,

A handwritten signature in black ink that reads "Brenda L. Lakeman".

Brenda L. Lakeman  
Director  
Statewide Benefits Office

Enclosure



**Statewide Benefits Office**

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